

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 AM 9:05

DOCUMENT # H56978

(0)

1. Corporation Name

COURTHOUSE TOWER, INC.

Principal Place of Business

Mailing Address

%LAD
201 S. BISCAYNE BLVD., 1600 MIAMI CENTER
MIAMI FL 33131
US

%LAD
201 S. BISCAYNE BLVD., 1600 MIAMI CENTER
MIAMI FL 33131
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
05/08/1985

3a. Date of Last Report
08/04/1994

4. FEI Number
59-2781268

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 600 Brickell Avenue

26 600 Brickell Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 600

27 Suite 600

City & State

City & State

23 Miami, FL

28 Miami, FL

Zip
24 33131

Country
25 Dade

Zip
29 33131

Country
30 Dade

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD.
1600 MIAMI CENTER
MIAMI FL 33131

81 Name
Lynn B. Lewis, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)
1101 Brickell Avenue

83 Suite 703

84 City
Miami

FL

85 Zip Code
33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Lynn B. Lewis, P.A.

Lynn B. Lewis, President

January 12, 1995

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
KISHU, TAN SRI T.J.
201 S. BISCAYNE BLVD., 1500 MIAMI CENTER
MIAMI FL

1.1 TITLE ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
600 Brickell Ave., Suite 600
Miami, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
MONA, PUAN SRI
201 S. BISCAYNE BLVD., 1600 MIAMI CENTER
NEW PROVIDENCE, BAH

2.1 TITLE ☒ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
600 Brickell Ave., Suite 600
Miami, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
KISHENCHAND, VIJAY
201 S. BISCAYNE BLVD., 1600 MIAMI CENTER
MIAMI FL

3.1 TITLE ☒ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
600 Brickell Ave., Suite 600
Miami, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
KISHENCHAD, VINOD
201 S. BISCAYNE BLVD., 1600 MIAMI CENTER
MIAMI FL

4.1 TITLE ☒ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
600 Brickell Ave., Suite 600
Miami, FL 33131

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Tan Sri T.J. Kishu

(305)358-9807

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Signature / Name)